AUXILIARY TO THE NATIONAL MEDICAL ASSOCIATION, INC.
INDIVIDUAL MEMBERSHIP
DUES STATEMENT

PLEASE PRINT OR TYPE ALL INFORMATION – DO NOT SEPARATE FORMS

NAME: _____
LAST FIRST MI *SPOUSE
* NMA Member: Yes □ No □

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____E-MAIL: _____

AUXILIARY_____REGION:_____

LOCAL OR STATE PRESIDENT: _____

I certify that I am a financial member in good standing with my local and state auxiliary where one exists.

_____
SIGNATURE

ANMA Life Members are exempt from paying dues, but shall pay convention registration fees. ANMA Life Member: Yes □ No □

MEMBERSHIP FEES

Dues are payable October1st

Postmarked on or before February 1st

Regular Member Dues	$150.00	_____
Interim Member Dues	$150.00	_____
Resident/Interns Spouse Dues	$50.00	_____
Physician/Physician Spouse Dues	$50.00	_____

Postmarked after February 1st

Regular Member Dues	$175.00	_____
Interim Member Dues	$175.00	_____
Resident/Interns Spouse Dues	$60.00	_____
Physician/Physician Spouse Dues	$60.00	_____

CONVENTION REGISTRATION FEES

Postmarked on or before May 30th

All Members	$200.00	_____

Postmarked after May 30th

All Members	$250.00	_____
Guest Registration	$50.00	_____

SCHOLARSHIP FUND DONATIONS

A 'TAX DEDUCTIBLE DONATION' is always appreciated and needed. Please check the appropriate donation category, and enclose the payment with your dues.

Alma Wells Givens:	$25 □	$50 □	$75 □	$100 □	Other □ $_____
Omega Mason/Maude Bisson:	$25 □	$50 □	$75 □	$100 □	Other □ $_____

Please make checks payable to ANMA, Inc.

Check #:_____ Date: _____ Total Enclosed: $_____

If paying by credit card, please check Visa or MasterCard: □ VISA □ MASTERCARD

Credit Card No._____ Exp. Date_____
Anti Fraud ID Code Backside of Card_____Name as It Appears on Card: _____
Signature: _____

Please mail all forms and fees to:
Helen Kinard Scott, DPA, Financial Secretary
8403 Colesville Road, Suite 820
Silver Spring, MD 20910
Phone: (301) 495-3779 Fax:(301) 495-0037